



## RIO GRANDE VALLEY HEALTH INFORMATION EXCHANGE REVOCATION OF OPT-OUT REQUEST FORM

I previously submitted a request to “opt out” of RGV HIE and am now requesting to be reinstated.

I understand that by submitting this *Revocation of HIE Opt-Out Request Form* my health information, **WILL** be included in the RGV HIE database and viewable by other health care providers. Sensitive information **WILL ONLY BE INCLUDED** if I also check the box below. Because treatment information sometimes includes sensitive health information about HIV/AIDS, behavioral health treatment, substance abuse or other issues, we need your consent in order to add your treatment information to the network. Please indicate whether you consent to having your sensitive information included.

YES, I consent to sharing my sensitive health information through RGV HIE. \_\_\_\_\_Patient Initials

I understand that by submitting this *Revocation of HIE OPT-OUT Request Form* my health information **WILL be available for health care providers to view in an emergency.**

I understand this request only applies to sharing my health information through the RGV HIE system. I recognize that when I see a health care provider for treatment that provider may request and receive my medical information from other providers using other methods permitted, like fax or mail.

<b>Patient Name (First, Middle, Last)</b>	
<b>Previous Names</b>	<b>Date of Birth (mm/dd/yyyy)</b>
<b>Mailing Address</b>	<b>City, State, Zip Code</b>
<b>Contact Phone Number</b>	<b>Email Address</b>

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date Signed**

**If under 18 years, signature of parent or guardian**

Parent                      Guardian                      Other\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Parent / Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Contact Telephone**